

**AIS Manual 25-L37-AJK-ATT-EM-1**  
**1 July 2001**

**APPENDIX E**

Instructions for Preparation of DA Form 5005-R  
(Engineering Change Proposal - Software)

F-1 General.

- a. The DA Form 5005-R replaces DA Form 4157, System Change Request, and supplements DD Form 1692, Engineering Change Proposal - Software (ECP-S). It is a dual purpose form used either to report software problems (Problem Report) and/or to propose changes to software baselines (ECP-S). The Originator will mark the appropriate box in the top right hand block. The DA Form 5005-R is printed on both sides. (See fig. F-1 and F-2.)
- b. The ECP-S is prepared at the functional level (e.g., DFO, TISA, TISA-W, IFA) and submitted to the AFMIS SA for resolution or forwarded to the MACOM level.
- c. Instructions for completing and processing ECP-S are found in DA Pam 25-6.

F-2 Originator - Blocks 1 thru 15.

- a. Block 1. Enter mailing address as follows:

CONUS & OCONUS

U.S. Army Software Engineering Center-Lee (SEC-L)  
ATTN: AMSEL-SE-LSB (STOP L33)  
3901 A Avenue, Suite 150  
Ft Lee VA 23801-1815

Customer Assistance  
Office (CAO)  
DSN 687-1051

- b. Block 2. Enter mailing address of originator. Include name of individual preparing form, if other than POC in block 4.
- c. Block 3. Enter a 10-position number as outlined in figure 4-2, DA Pam 25-6 (Example: L37-R102-123). Data Processing Installation codes (DPIs) are provided by the installation DOIM.
- d. Block 4. Enter the name and telephone number of the individual who should be contacted to explain the reported problem or proposed change. The telephone number should be preceded by the letter A to indicate AUTOVON or the letter D to indicate DSN. A commercial number should include the area code.
- e. Block 5. For ECP-S only, check appropriate block to indicate emergency, urgent, or routine. Leave blank for the problem report. See DA Pam 25-6 for definitions.
- f. Block 6. Enter the number of the latest change package installed at the time the change was proposed or the problem occurred.
- g. Block 7. Enter the number of the executive software change package installed at the time the change was proposed or the problem occurred.

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h. Block 8. This block is used for problem reports only. Enter the date the problem occurred. The date must be all numeric, with year first, month second, and day last (YYMMDD). If time is required, it should be written in the 24-hour clock form. For example, if the problem occurs on 1 Apr 81 at 1415, the date and time are written as 810401/1415. If an ECP is being proposed, enter N/A.

i. Block 9. Enter appropriate computer program component(s) (CPC) affected, by name or number.

j. Block 10. Enter a short descriptive title.

k. Block 11. Describe the problem or proposed change in sufficient detail to permit ready identification and evaluation. The first entry in the block will reference the product/document (e.g., file ID, PCN, OM, UM, etc.) involved in the problem/change. Include a listing of all attachments and referenced documents.

l. Block 12. Describe adverse effects or improved characteristics the proposed change may have on the field user, to include the alternative of not making the proposed change.

m. Block 13. Enter a recommended solution and justification to support the proposed change, or action taken to resolve the problem.

n. Block 14. This block must contain the date signed, name, title, and signature of the individual with authority to approve the origination of an ECP.

o. Block 15. This block is used to continue blocks 11 thru 13, if needed. Blocks 11 thru 13 can be continued on separate sheets.

F-3 Major Army Command (MACOM) - Blocks 16 and 17. These blocks are used by the MACOM, if applicable, to record approval/disapproval, comments, date signed, name, title, and signature of individual reviewing ECP. Completion of these blocks is not required for problem reports.

F-4 Assigned Responsible Agency (ARA) - Blocks 18 and 19 (for problem reports only).

a. Block 18. Check one box only to indicate action taken to close a problem report. If the problem report is a duplicate of an existing problem report or ECP, enter the number of the previous problem report/ECP in the space provided.

b. Block 19. This block must contain the date signed, name, title, and signature of the individual taking problem report action.

F-5 Proponent Agency (PA) and/or ARA - Blocks 20 thru 29.

a. Block 20. Changes in baseline configuration shall be classified as Class I or II in accordance with DOD-STD-480. Class I changes affect the functional, allocated, or product baselines. Class II changes are minor changes such as misspellings; addition of clarifying notes; and recompilation of erroneous codes, which do not meet Class I criteria.

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b. Block 21. Required for all Class I changes. The following codes, which are defined in DOD-STD-480 and AR 18-12-5, Catalog of Standard Data Elements and Codes-Logistics, are to be used:

- A - Record only
- B - Interface
- C - Compatibility
- D - Deficiency
- O - Operational or Logistics Support
- P - Production Stoppage
- R - Cost Reduction
- S - Safety
- V - Value Engineering

c. Block 22. The ECP-S number should match the originator number in block 3. If the number in block 3 is sufficient, the ECP-S number in block 22 is an optional entry.

d. Block 23. A preliminary ECP is one which may be submitted for review before having information necessary to support a formal ECP. A formal ECP provides information in sufficient detail to support formal change approval.

e. Block 24. Enter a dollar estimate of total costs, either increased or decreased, that will result if the change is approved. The dollar amount should be followed by DECREASE when applicable. This should include all costs/savings, including both ARA and PA. Consult with the local budget office for advice on how to indicate the appropriations (military pay, leases, travel, civilian pay, etc.) that are affected.

f. Block 25. Enter None or the acronym, ADS code, and/or System Identification Code (SIC) to indicate where there is an interface effect with other systems. If an interface is involved, supply full details in an attachment to the ECP-S form.

g. Block 26. Check blocks to indicate the following:

(1) Functional/Allocated or Technical/Product.

(a) Functional changes affect the functional design, logic, or operation of the system and require changes to functional baseline documentation or the End User Manual.

(b) Technical changes do not affect the functional design, logic, or operation of the system. Sophistication of ADP techniques, changes from tape to disk, and program optimization and changes to the system when it fails to meet functional specifications are examples of technical changes.

(2) Major or Minor. Major changes are those which exceed the thresholds specified in AR 18-1 and require a Mission Element Need Statement (MENS); minor changes are those which do not.

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(3) Maintenance or Modification.

(a) Maintenance changes are associated with the correction of faults in the system.

(b) Modification changes are associated with the revision or alteration of an existing application to provide a new or improved capability.

h. Block 27. Enter the required/recommended implementation date or change package into which the change will be incorporated.

i. Block 28. Check the appropriate blocks to indicate the following:

(1) PA or ARA. Approval authority for functional changes is the PA; for technical changes, it is the ARA.

(2) Approved or Disapproved. Indicate whether approved or disapproved by PA and/or ARA.

j. Block 29. This block must contain the date signed, name, title, and signature of the individual authorized to make the approval/disapproval decision.

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<b>ENGINEERING CHANGE PROPOSAL - SOFTWARE (ECP-S)</b> For use of this form , see AR 25-3; the proponent agency is ODISC4		(Check one) <input type="checkbox"/> PROBLEM REPORT <input type="checkbox"/> ECP-S
1. TO:		2. FROM:
3. ORIGINATOR NUMBER	4. POINT OF CONTACT (Name and Telephone no.)	5. PRIORITY (Check one if ECP-S) <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE
6. APPLICATION CI BASELINE/VERSION	7. EXECUTIVE SW BASELINE/VERSION	8. PROBLEM DATE (YYMMDD)
9. JOB CYCLE/PROGRAM ID		
10. TITLE OF PROBLEM/CHANGE		
11. DESCRIPTION OF PROBLEM/CHANGE (List all attachments and referenced documents) (If additional space is needed, use Item 15, Remarks)		
12. EFFECT ON USER (If additional space is needed, use item 15, Remarks)		
13. RECOMMENDED SOLUTION/JUSTIFICATION (If additional space is needed, use item 15, Remarks)		
14. DATE (YYMMDD)	NAME AND TITLE OF SUBMITTING AUTHORITY	SIGNATURE

DA FORM 5005-R, NOV 81

REPLACES DA FORM 4157-R, 1 FEB 76, WHICH IS OBSOLETE

Figure F-3. Example of DA Form 505-R (page 1 of 2).

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15. REMARKS (If additional space is needed, use separate sheet of paper)		
<b>USER/MACOM ACTION (ECP-S Only)</b>		
16. MACOM (Check one and include any comments) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
17. DATE (YYMMDD)	NAME AND TITLE	SIGNATURE
<b>ASSIGNED RESPONSIBLE AGENCY (Problem Report Only)</b>		
18. PROBLEM REPORT ACTION TAKEN (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> RESOLVED BY CUSTOMER ASSISTANCE  <input type="checkbox"/> IDENTIFIED AS URGENT OR ROUTINE  <input type="checkbox"/> EMERGENCY ECP FORMALIZED </div> <div> <input type="checkbox"/> DUPLICATE OF EXISTING ECP: NO _____  <input type="checkbox"/> CANCELED BY ORIGINATOR  <input type="checkbox"/> CANCELED FOR INSUFFICIENT IDENTIFICATION  <input type="checkbox"/> CANCELED FOR INSUFFICIENT DOCUMENTATION </div> </div>		
19. DATE (YYMMDD)	NAME AND TITLE	SIGNATURE
<b>PROPONENT AGENCY and/or ASSIGNED RESPONSIBLE AGENCY (ECP-S Only)</b>		
20. CLASS OF ECP (Check one) <input type="checkbox"/> I <input type="checkbox"/> II	21. JUSTIFICATION CODE	22. ECP NUMBER
23. ECP TYPE (Check one) <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> FORMAL	24. ESTIMATED COSTS/SAVINGS	
25. OTHER SYSTEM/CI AFFECTED		
26. CHANGE IDENTIFICATION (Check one in each column) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FUNCTIONAL/ALLOCATED  <input type="checkbox"/> TECHNICAL/PRODUCT </div> <div> <input type="checkbox"/> MAJOR  <input type="checkbox"/> MINOR </div> <div> <input type="checkbox"/> MAINTENANCE  <input type="checkbox"/> MODIFICATION </div> </div>		
27. PROJECTED IMPLEMENTATION		
28. APPROVAL AUTHORITY (Check agency and action taken) <input type="checkbox"/> PROPONENT AGENCY <input type="checkbox"/> ASSIGNED RESPONSIBLE AGENCY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
29. DATE (YYMMDD)	NAME AND TITLE	SIGNATURE

**REVERSE OF DA FORM 5005-R, NOV 81**

Figure F-4. Example of DA Form 5005-R (page 2 of 2).

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<b>RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS</b> For use of this form, see AR 25-30, the proponent agency is ODISC4.						Use Part II (reverse) for Repair Parts and Special Tool Lists (RPSTL) and Supply Catalogs/Supply Manuals (SC/SM).	DATE
TO: (Forward to proponent of publication or Form)(Include ZIP Code)						FROM: (Activity and location)(Include ZIP code)	
<b>PART I - ALL PUBLICATIONS (EXCEPT RPSTL AND SC/SM) AND BLANK FORMS</b>							
PUBLICATION/FORM NUMBER						DATE	TITLE
ITEM NO.	PAGE NO	PARA-GRAPH	LINE NO. *	FIGURE NO.	TABLE NO.	RECOMMENDED CHANGES AND REASON (Provide exact wording of recommended change, if possible).	
* Reference to line numbers within the paragraph or subparagraph.							
TYPED NAME, GRADE OR TITLE				TELEPHONE EXCHANGE/AUTOVON, PLUS EXTENSION		SIGNATURE	

**DA FORM 2028**  
1 FEB 74

REPLACES DA FORM 2028, 1 DEC 68, WHICH WILL BE USED.

Figure F-3. Example of DA Form 2028 (Page 1 of 2)

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TO: (Forward direct to addresses listed in publication)				FROM: (Activity and location)(Include ZIP Code)				DATE	
<b>PART II - REPAIR PARTS AND SPECIAL TOOL LISTS AND SUPPLY CATELOGS/SUPPLY MANUALS</b>									
PUBLICATION NUMBER				DATE			TITLE		
PAGE NO.	COLM NO.	LINE NO.	NATIONAL STOCK NUMBER	REFERENCE NO.	FIGURE NO.	ITEM NO.	TOTAL NO. OF MAJOR ITEMS SUPPORTED	RECOMMENDED ACTION	
<b>PART III - REMARKS</b> (Any general remarks or recommendations, or suggestions for improvement of publications and blank forms. Additional blank sheets may be used if more space is needed.)									
TYPED NAME, GRADE OR TITLE				TELEPHONE EXCHANGE/AUTOVON, PLUS EXTENSION			SIGNATURE		

Figure F-4. Example of DA Form 2028 (page 2 of 2).